



Options for Serving Aged, Blind and Disabled Medicaid Members

August 16, 2013



Company Overview

MHS Overview

- Established in 1994
- Employs approximately 190 individuals
- Three offices
 - Indianapolis (headquarters), Merrillville, Ft. Wayne
- Serves 200,000 members enrolled in Hoosier Healthwise and the Healthy Indiana Program



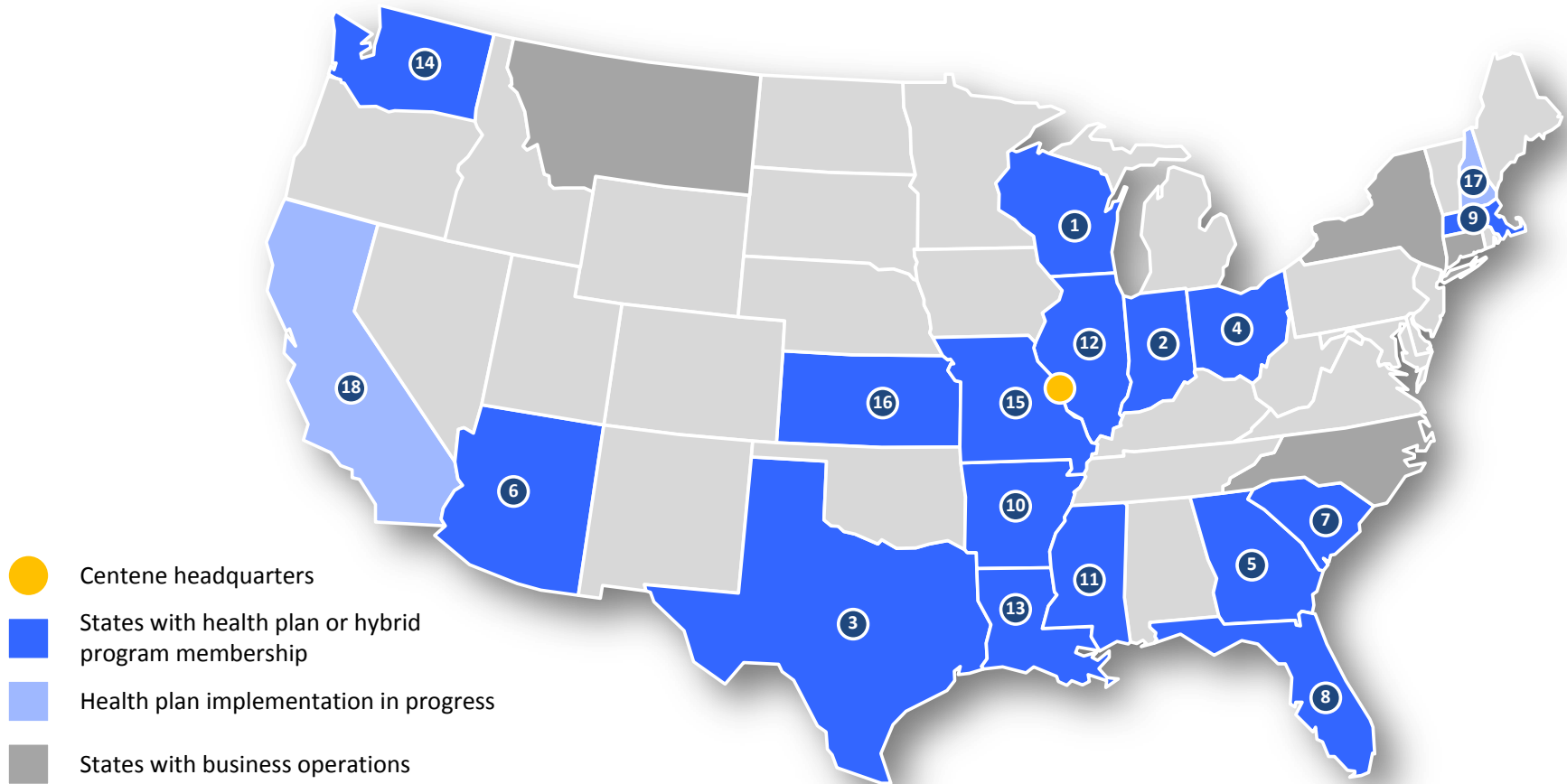
Parent Company Overview

Centene Overview

- Established in 1984 in Milwaukee, WI
- Headquartered in St. Louis, MO
- Fortune 500 company (#303)
- Employs approximately 7,900 individuals
- Serves ~2.6 million Medicaid members across the country
 - Including TANF, CHIP, SSI Dual and Non-Duals, LTSS, I/DD
- Currently operates health plans in 18 states (including NH and CA)
- Contracts with over 190,000 physicians and 1,900 hospitals



Current Operations



Integrated Approach

Focus on integration of physical health and ancillary services



Centene's ABD/LTSS Experience

- Serving populations with chronic medical conditions since 1984 including individuals on SSI (1999), Medicare/Medicaid dual eligibles (2002) and long-term care supports and services (2006)
- Currently providing ABD, LTC and SSI benefits to over **313,000** members in 13 states:

State	Members	State	Members
TX (1999)	112,000	IL (2011)	21,000
WI (2005)	8,000	LA (2012)	23,000
AZ (2006)	9,000	WA (2012)	15,000
OH (2006)	18,000	KS (2013)	30,000
SC (2007)	12,000	NH (late 2013)	N/A
FL (2009)	28,000	CA (late 2013)	N/A
MS (2011)	37,000		

Centene LTSS Experience

Services	AZ	FL	IL	KS	NH	OH	TX
Acute	•	•	•	•	•	•	•
Prescription Drugs	•	•	•	•	•	•	•
Behavioral Health	•	•	•	•	•	•	•
HCBS	•	•	•	•	•	•	•
Nursing Facility	•	•	•	•	•	•	• (2014)
Populations							
ABD	•	•	•	•	•	•	•
I/DD			•	•	•		
TBI	•		•	•	•		
Duals	•	•	•	•	•	•	•

FL - Currently operates in the diversion program; New long-term care program to start August 1, 2013

IL - LTSS started February 1, 2013 (ID/DD LTSS to start in 2014); Dual demonstration program to start January 1, 2014

KS - Pilot LTSS for ID/DD started March 1, 2013; LTSS for ID/DD to start January 1, 2014

OH – Dual Demonstration program to start January 1, 2014

Aged, Blind and Disabled Programs (non-LTC)

The ABD/LTSS Populations

- Chronic Illnesses
- Low Eligibility Churn
- Behavioral Health Needs
- Disease Management: CHF, COPD, Diabetes
- Assistance with Activities of Daily Living
- More likely to be linked to providers
- On-site discharge planning
- Supported employment
- Poly-pharmacy

ABD Managed Care Recent Trends

- Highest cost population benefits from improved health outcomes while the state realizes significant savings and budget predictability
- The following states have implemented or are in-process of including the ABD Medicaid populations into coordinated care programs:
 - Mississippi – January 2011
 - Illinois – May 2011
 - California – July 2011
 - Kentucky – November 2011
 - Louisiana – February 2012
 - Texas Expansion – March 2012
 - Washington – July 2012
 - Kansas – January 2013
 - New Hampshire December 2013
 - Florida Expansion – 2014

Case Study: Mississippi

MississippiCAN

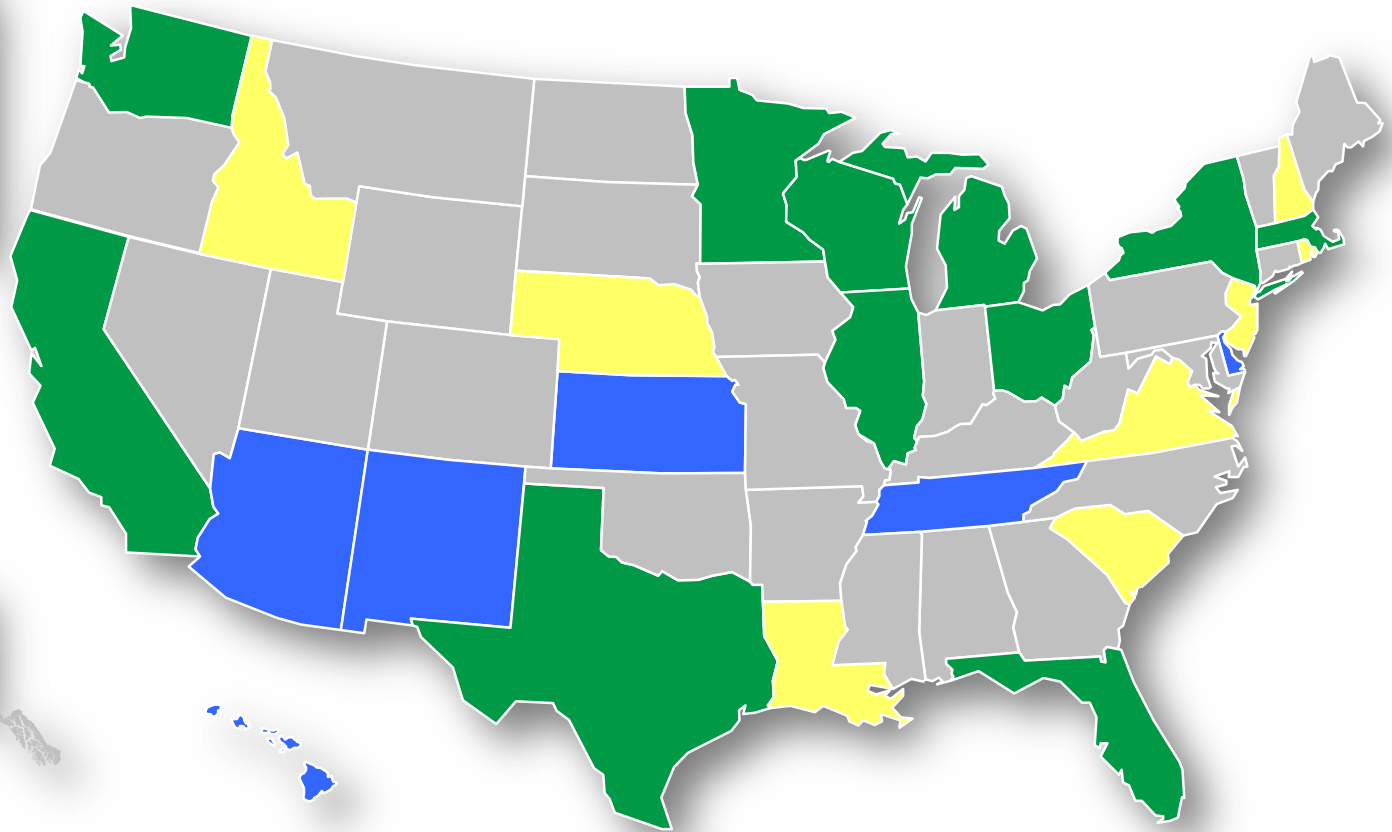
- Statewide pilot program started in 2011 which is estimated to realize 5% savings in the first year
 - Due to the success of the program the legislature tripled the programs reach to cover 45% of the Medicaid population
- Populations: ABD non-dual, Foster Care and Breast & Cervical Cancer Treatment patients
- Current program enrollment: ~145,000
- Benefit Carve-Outs: Inpatient risk
- Centene was chosen as one of two statewide health plans in 2010

MS Division of Medicaid realized savings of ~\$23 million (or 5.1%) from Coordinated Care Organizations in SFY11

Long-Term Care Programs

Medicaid Managed Long Term Care Environment

Number of States	
Existing MLTSS	6
Expanding MLTSS	11
Transitioning to MLTSS	8
Total	25



Managed Long Term Services and Supports

- Managed long-term services and supports (MLTSS) in state Medicaid programs are a means to provide integrated medical, behavioral health and long term services
- Medicaid LTSS includes services to aid individuals with activities of daily living (ADL) and instrumental activities of daily living (IADL)
 - ADLs: bathing, dressing, feeding, grooming, toileting and functional mobility
 - IADLs: household work, meal planning/preparation, managing finances, shopping (food, clothing, etc.), telephone communications or other media sources and transportation within the community
- LTSS settings:
 - Institutional – nursing home, intermediate care facilities for people with intellectual disabilities (ICF/ID)
 - Home and Community-Based – home health, personal care assistance, adult day care, assisted living, habilitation
- Increasing numbers of States are using MLTSS as a strategy for expanding home- and community-based services, promoting community inclusion, ensuring quality and increasing efficiency
- The number of States with MLTSS programs increased from 8 in 2004 to 16 in 2012

Case Study: Kansas

KanCare

- In 2013, Kansas expanded its managed care program to include all populations and services after 10 years of TANF only
- Included populations: **All populations** (ABD, Long Term Care, TANF, CHIP, Foster Care, Duals)
- Geography: Statewide
- Program Benefits: All services included
- Managed Care Contracts Awarded: 3
 - Sunflower State Health Plan (Centene subsidiary) was one of the three selected MCOs

“The rates the State and contractors have agreed to will increase the projected savings from KanCare to more than **\$1 billion** in the next five years compared to the current projected growth in Medicaid.”

- Brownback Administration press release

Key Program Success Factors

- Whole person approach
 - Individualized Care Plans (consumer participation/direction)
 - Enable clinical quality with a social rapport
 - Integration of medical, social, functional, behavioral health needs, goals and services
- Stakeholder engagement (early, often and continuous)
 - Consumers and caregivers, advocacy community, provider associations
- Provider network development & contracting
 - Targeted Medical Home
 - Partnerships with HCBS LTSS providers that align goals and expand access
 - Shift nursing home paradigm through inventive models that promote lower levels of care
- Education and training
 - Caregiver supports and information; direct care workforce development
- Value-added services
 - Communication devices, creative use of supports, technology that enhances access, and benefits such as dental cleanings